

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.
09694805

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1	w	w		
4	1		1			
5	1		w	w		
6	1		1			
7	1		1			
8	1		1			
9	1		1			
10	1		w	w		
11	1		w	w		
12	1		w	w		
13	1		1			
14	1		1			
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TOTAL IND.	2		2			
TOTAL DEP.	12	→	8	→		→
TOTAL CLAIMD	14		10			